

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRPT Lake Rehabilitation
Center, LLC
Melanie Gallegos
530 Shadows Lane
Baton Rouge, LA 70806

2. Article Number

(Transfer from service label)

7006 3450 8002 3465 8461

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Michael

☐ Agent☐ Addressee

B. Received by (Printed Name)

Beth Rachal

C. Date of Delivery

6/8/07

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

CX-206-717-30

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540